

At Home With You Limited

At Home With You

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 9 August 2016 and was announced. This is the first time we have inspected this service since it was registered in March 2015.

The service is a domiciliary care service that provides personal care to people in their own homes. At the time of our inspection, there were 21 people using the service. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives who used the service told us they felt safe. Staff had received safeguarding training and understood the need to share concerns with the registered manager.

People's risks were managed by staff, however risks associated with people's care needs were not always appropriately identified and plans put in place to ensure that they were always protected from unnecessary risk.

Most people received their calls on time, however systems had not addressed occasions where calls had not been attended in a timely way. People were not always protected by robust recruitment processes.

There were not effective systems in place to ensure that people always received their medicines safely where they required this support.

Most staff we spoke with felt supported and received training for their roles, however methods to assess competency and improve staff performance were not routinely undertaken. People were not consistently supported to make their own decisions and staff had not received clear guidance and training to ensure they upheld people's rights.

Some people were supported by staff to prepare and have meals and drinks. However staff did not always complete daily care records where required so that the details of people eating and drinking enough to remain well could be monitored.

People were supported by caring staff. Staff members we spoke with provided examples of how they treated people with dignity and respect. People were supported to access the support of healthcare professionals where required.

People received care that was responsive to their needs. People and relatives had been involved in care planning and reviews, however these were not always undertaken in a timely way.

People's care plans included some personal details and instructions for their routines and support needs. Care plans lacked information to guide staff about people's health conditions and associated risks and did not always reflect people's changing needs.

People and relatives were asked for their feedback on the quality of the service and were comfortable with raising concerns. Feedback and concerns were not always managed and addressed effectively.

People, relatives and staff mostly gave positive feedback about the running of the service. The provider had some systems in place for assessing and monitoring the quality of the service provided. These systems were not always sufficient to ensure that people received a consistently good quality service and ongoing improvements were made to the quality of the service.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's risks were understood by staff, however risk management processes did not guide staff to ensure they were consistently managed.

People were happy with the support they received with taking their medicines, however processes did not ensure that people were always supported safely.

People and relatives told us they felt safe using the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not always supported by staff who had received guidance about the specific needs of some people.

People were not consistently supported to make their own decisions.

People's food and fluid intake was not always monitored as required.

People were supported to access healthcare support as required.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity.

People were involved in their care planning.

Is the service responsive?

Good ●

The service was responsive.

People were satisfied that their care met their needs.

People and relatives were asked for their feedback and knew how to complain.

Is the service well-led?

The service was not always well-led.

Systems and processes in place to monitor and improve the quality of care people received were not robust.

People and relatives spoke positively about the registered manager and were satisfied with the service they received.

Staff told us they felt supported in their roles.

Requires Improvement 

At Home With You

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 August 2016 and was announced. The provider was given 48 hours' notice so we could ensure that care records and staff were available to help inform our inspection. The inspection was conducted by one inspector.

As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. We also referred to information held by the local authority about the service.

During our inspection, we spoke with two people who used the service and four relatives. We spoke with four members of staff, the registered manager, the registered provider, one healthcare professional and one training professional. We also reviewed four people's care records, four staff files and records maintained by the service about risk management, staffing, training and quality assurance.

Is the service safe?

Our findings

People and relatives we spoke with told us they felt safe using the service. One relative told us, "The carers are fine, we don't have a problem with the people who come to see us." Staff we spoke with had a limited awareness of the types of abuse that people were at risk of and could not always tell us how they would report these outside of the service. One staff member told us however, "We've been told that if people are in distress, there could be [something causing this] and to tell management and they might inform the person's social worker." Other staff we spoke with confirmed that they would raise concerns with the registered manager if they felt that people were at risk of harm and records confirmed that they had done so. The registered manager had a clear understanding of how to report concerns to help keep people safe. Although the registered manager had taken some steps to address concerns where one person and staff were put at risk, the registered manager had not acted promptly to resolve these concerns and guide staff in order to minimise risks effectively.

Staff we spoke with demonstrated awareness of people's support needs and people and relatives we spoke with confirmed that staff mostly understood their needs and provided care that they were happy with. One staff member told us that they referred to people's risk assessments to help them to provide safe care to people. A care record we sampled showed that staff had sought the support of a healthcare professional where they had identified that a person was developing sore skin.

Robust processes were not in place to ensure that people's risks were always managed effectively. There was information in people's care plans about safe working practices and how to manage general risks, however specific risk assessments for people were not always completed or reviewed in a timely way to help keep people safe. Although people's needs and conditions were outlined in their care plans, staff were not always provided with guidance in relation to people's needs and or processes to follow to assist people in managing risks. For example the registered manager confirmed that one person had a specific condition, however there was limited information in their care plan in relation to this and the support they required. This person's risk assessment had not been regularly reviewed and steps had not been taken to ensure that staff were aware of how to effectively manage this risk. A note in another person's care plan indicated that they had a risk of developing sore skin and the support they received to manage this. We found that their care notes had not been completed in sufficient detail to monitor and reflect that staff had supported them to manage this risk as required. Auditing processes had not identified these issues.

A person using the service told us, "Yes staff arrive on time, their timekeeping is pretty good," and a relative we spoke with told us, "Carers' timekeeping is probably not bad on the whole." Another relative we spoke with told us that there had been some issues with staff timekeeping and added that this had begun to improve: "We've had problems with the timing of appointments, sometimes staff are quite early or late, it's better for the moment and seems to have settled. Staff were turning up [40-45 minutes early and late]...but the situation is sorting itself out." One staff member told us, "If I was late I'd then stay and get the job done, no matter what." Most records we reviewed showed that most people received their calls on time, however we saw that people's care records did not always clearly outline when people's call times needed to take place. One person's care records we reviewed showed that there had been an ongoing issue where they had

not received their calls on time or for the required duration. The registered manager told us that this person's call times had been changed, however their care plan had not been updated to reflect this. Audits had failed to identify and address occasions where staff had missed this person's calls or not arrived in a timely way.

People were not always protected by robust pre-employment checks and processes. Staff records showed that reference processes were not completed appropriately or formally by suitable referees and we saw that one staff member had commenced their role in advance of completing their Disclosure and Barring (DBS) check, but this was now in place. We saw that an audit had marked one recruitment process as appropriately completed when this had not been done. The registered manager told us that they were aware of these issues and that they had taken action to improve the service's recruitment processes.

Some people were supported by staff to take their medicines and staff had received training in medicines management. One person told us they were satisfied with the support they received with taking their medicines and added, "I tell staff what I need and they get used to it. They help me to take my medicines with a drink, they're quite supportive." A staff member told us that they ensured that one person they supported always took their medicines due to a specific condition they had.

Although this feedback reflected that people were supported to take their medicines safely by staff, there were no systems in place to monitor the support that people received and to reflect that they always received their medicines as prescribed. Guidance relating to the medicines that people required was not always available in their care plans and did not inform staff where they could access people's medicines in their homes. One relative we spoke with told us, "Staff rang me this morning as they could not find [my relative's] medicines." The registered manager told us that they had been unsure of their responsibilities in relation to medicines management at the service and told us that this would be addressed. We saw that they had sought guidance to help them to make this improvement at the time of our inspection.

Is the service effective?

Our findings

One person told us that staff knew them well and understood their needs. A relative told us, "Staff are reasonably well trained... They seem to know [my relative's] needs." Another relative told us, "Staff understand [my relative's] needs well, they know what they want and staff do it that way." A training professional told us that they had trained staff in safe moving and handling and basic life support and added, "They're quite an experienced [staff] team and always willing to listen, they're trying to get things right... wanting to learn and make a difference."

Staff we spoke with demonstrated an understanding of people's care needs, however some staff members had not received up to date training and guidance about the health conditions of people they supported and specific guidance was not consistently available in people's care plans. Staff completed an induction when they first started working with the service which involved shadowing other staff members and the registered manager advised that staff were supported to complete the Care Certificate, which is a set of minimum care standards that new care staff must cover, as part of their induction process. Staff reported a mixed experience of their induction process. Two staff members spoke positively about their induction and told us they had training and shadowing, one staff member told us, "I had all the training [at the beginning of my role] and shadowing to see how I am with the clients, I had video and one-to-one training with the manager about health and hygiene, First Aid, medicines." Another staff member told us that their induction had not been well organised to ensure it was completed in a timely way and they expressed a view that the training could have been more detailed. The registered manager confirmed that they had not established a practical way of completing inductions in a timely way due to staff turnover.

Records showed that there were some processes in place to ensure that staff were aware of people's needs and routines. One relative told us however that for their relative's care in particular, "[Staff] shadow once or twice before they're expected to care", and added that they felt that staff required more time to become familiar with their relative and to understand their needs and routines as they required a lot of support. Feedback from a staff questionnaire showed that staff were not always guided to meet people's changing needs. Where staff had commented on training they wanted, this feedback had not been addressed or responded to by the registered manager, or used to revisit and assess staff knowledge, confidence and training needs. A suggestion received about staff wanting more information about new clients has also not been responded to. The registered manager acknowledged that staff had not always been directed and supported to meet one person's communication needs effectively and they told us that they intended to improve the support they provided to staff with this.

Methods to monitor and assess staff performance, for example spot checks, were in place however there was no formal process to ensure that these were completed regularly and most staff had not received regular supervision. Most staff told us that they felt supported in their roles and that they contacted the registered manager or deputy manager if they had any questions or concerns. One staff member told us, "I feel very supported, I've been given lots of information and training. I speak to the [deputy] manager if I'm unsure, they're free to talk to if I need help with anything." There were training facilities in the office and records showed that staff had received core training for their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Recent records showed that a healthcare professional had praised the service for effective communication and their support of one person who used the service and the way staff, 'Tried to follow [the person's] wishes and choices throughout [their] care package.' We saw that staff had raised concerns with the registered manager where they felt that one person was not supported to make their own decisions. We found however that this was not consistent practice. Questionnaire feedback we reviewed from people who used the service stated that people were not consistently supported to make their own decisions by staff. We found that this concern had not been addressed. Although records showed that staff were reminded to support people to make their own decisions and involve them in their care, staff had not received training or clear guidance in relation to the Mental Capacity Act (2005) and most staff we spoke with were unfamiliar with the principles around consent.

Some people were supported by staff to prepare and have their meals and drinks. One person we spoke with told us that this support was provided respectfully and met their needs. Records showed however that staff did not always complete records detailing people's food and fluid intake where this had been required, and it was not always possible therefore to monitor whether people who were at risk were eating enough and were sufficiently hydrated to remain well. Although this concern had been identified through auditing processes, it had not been investigated or resolved.

Suitable arrangements were in place to ensure that people were supported by other health professionals when necessary. A healthcare professional told us, "I've found staff to be quite professional and if they say they're getting back to you, they always do." Some people were supported by healthcare professionals on a regular basis. We saw that the contact details of people's next of kin and healthcare professionals were available and clear in their care plans. Records showed that staff had promptly sought the support of healthcare professionals when people's conditions had changed.

Is the service caring?

Our findings

One person told us, "On the whole there are caring staff, there are no issues." Another person and relatives we spoke with told us that staff were kind and caring. A staff member we spoke with told us how they supported a person who was at risk of becoming distressed. They said, "I'll take my time with them and talk slowly." Another staff member told us about the support they provided to one person and how they had enjoyed getting to know them: "We finish the call quite early and sit and chat for a while... They're a really nice person to talk to." The deputy manager told us, "We have a genuine, caring staff team who go above and beyond for clients."

We found that people's daily care notes were not person-centred or always written respectfully, often only briefly outlining tasks that had been completed to support the person. For example, one person's record had a single word entry of, 'Alright', in relation to one person's general health and wellbeing during their care call. Staff had not taken the time to record any detail about this person or learned important things about them. We raised these concerns with the registered manager who told us they would address how daily records were completed. However, one relative was satisfied with the information these supplied and told us, "Staff have a good system... the key information about the time they arrived, when they left and what has been done is available [in my relative's care plan]."

People were invited to be involved in how their care was provided. A relative told us about one person's experience when they started using the service: "A manager came to see my relative and asked them questions about themselves... They got to know them a bit. My relative gets on well with the staff." People were given the opportunity to share their feedback through care plans reviews and surveys. People told us they felt confident that they could contact the registered manager with concerns.

There was a compliments file in place and we saw that the service had received positive feedback. A relative had submitted a compliment which indicated that they were happy with the support their relative received and added, 'A large part of this goes to your team for all you have done, much of it above and beyond the call.' A healthcare professional had issued a written compliment to the service about staff for their hard work and added, "It is great to see a company that... puts the person and their circumstances first, keep up the good work, especially with making [care] person-centred."

People who used the service were asked through surveys to share their feedback as to whether there were any areas of improvement for staff and if staff always acted professionally and respected their confidentiality. One person had replied that staff respected their privacy. Records indicated that people were enabled to have privacy and discuss personal matters with staff. One staff member provided examples of how they supported one person to maintain their dignity and another staff member told us that they would be happy for their relative to use the service.

Is the service responsive?

Our findings

One person told us, "I'm happy with the way I'm supported". Another person's relative told us, "We're quite happy with the service, we've used it for quite a while now." A healthcare professional told us, "People are always happy to use this service again; I've never come across anyone who doesn't want to [return to using the service]." Staff we spoke with described how they provided care which suited the needs of the people they supported.

Relatives we spoke with told us they had been asked for their feedback on the quality of the service and to check that the service provided was in line with their wishes. One relative told us, "There are good regular reviews." We saw that one person had outlined their goals and wishes during a review and that this information had been shared with a healthcare professional so that the person would be supported to fulfil these. The registered manager had also adjusted this person's call times to better suit their needs based on the feedback they had given. Another person's care records we sampled showed that they had been supported by staff to access activities of interest to them.

People's care plans contained some personal details about their lives, interests and support needs and there was a detailed outline of people's routines. This helped staff understand how people wanted to be supported. Relatives told us that they had been involved in developing care plans with their relatives and on their behalf where necessary. One relative told us, "We were asked for feedback [when their relative started using the service], but not lately." Although people had care plan reviews, records we sampled suggested that these were not always completed in a timely way and one person told us that they had not reviewed their care plan with staff.

One person had raised concerns about staff to the registered manager which had been addressed and they told us that they were happy with their care overall. One relative told us, "[The service is] receptive to feedback and acts on it." People and relatives felt comfortable raising complaints and knew how to do so through the service's formal complaints process. One relative told us, "If we have any concerns we would call the [service's] number we've got." Another relative told us that when they had complained, their concerns had been dealt with. While it was positive that this was people's experience and their complaints were responded to, they were not always logged or recorded in line with the registered manager's process so that issues could be monitored over time or used for learning.

Is the service well-led?

Our findings

Auditing processes in place at the service were not consistent or effective and where some audits had identified issues, these were not promptly resolved or investigated. Audits had failed to address ongoing concerns such as poor record keeping and occasions where staff had left calls early or arrived late. Processes to ensure that staff supervision and reviews of people's risk assessments and care plans were held regularly were not in place so that risks and any changes to people's support needs could be promptly identified and addressed. One person's daily care records from four months previously had still not been reviewed at the time of our inspection. Another person's care record was reviewed seven months later than had been identified as necessary based on their needs and a brief note had been handwritten on this to suggest, 'No change' was required, however it was not clear how staff had arrived at this conclusion or what this meant for the person.

The registered manager had failed to follow appropriate practices in relation to the recruitment of staff. Some staff had not received sufficient training for their role and although the registered manager told us that they had identified that one staff member had regularly failed to attend training, they had not taken effective action to address this. Where one person who used the service and staff were sometimes put at potential risk, the registered manager had not implemented effective guidance and solutions to support staff and minimise risks. Processes and guidance in relation to medicines management were not in place for people receiving this support and the registered provider and registered manager did not always have oversight of this aspect of people's care.

Suggestions and concerns that had been raised by staff, people and relatives during quality assurance processes had not always been identified or addressed. A staff satisfaction survey had been distributed and although these had only been completed by a small number of staff, no analysis or follow up actions had been undertaken in light of this feedback. We found that some feedback highlighted a need for additional information and training, yet this had not been addressed. Although a small number of people who used the service had completed questionnaires about the quality of the service which had included some action points and areas to address, the registered manager confirmed that this information had not been analysed or addressed.

The local authority had provided feedback to the service in relation to quality of care provided and had indicated that there were some areas of improvement. Although the registered manager was aware of this more recent feedback, we found that they had concealed this and displayed outdated, more positive feedback. We raised this with the registered manager who agreed that this was not transparent and they amended this. We asked the registered manager if they had devised any learning or action points in light of their recent feedback and they told us they had not. This meant that the registered manager did not act upon information from other agencies in order to improve the quality of the service.

We found that the registered provider did not have an effective system in place to monitor and drive improvement in the quality of the service. Failure to have systems in place to effectively manage risks, maintain records and monitor and improve the quality of the service is a breach of Regulation 17 of the

People, relatives and staff were generally supportive of the management of the service. A relative told us they had been "Quite impressed," with the registered provider and added, "They're good, we're pleased with their involvement." Another relative told us, "We're generally happy with the service." One staff member told us, "The managers are supportive and understanding. I've recommended working there because the management are really good, if they are any problems we ring them, and they're supportive." However, another staff member told us, "The management are not very organised, it takes a long time to do things," and added that the training they received had not been detailed.

Records showed that staff meetings had been held less frequently than the registered provider had intended. Staff meeting records that were available showed that staff had been reminded of their role responsibilities in terms of their conduct and keeping people safe and were kept informed of development opportunities and recruitment plans at the service. Staff we spoke with told us that they felt supported in their roles, however systems in place to monitor and improve their performance were not always effective and timely.

We found that the registered provider, the registered manager and deputy manager talked openly with one another to reflect on ways they could improve the service. Where the registered manager had previously failed to notify us in a timely way of an event as required, we saw that they had learned from this and obtained guidance so that they fulfilled this responsibility moving forward. The registered manager demonstrated some understanding of their responsibilities in relation to the Duty of Candour and we saw that they had provided a written explanation and apology to a person who used the service and their relative when a call had been missed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider to have systems in place to effectively manage risks, maintain records and monitor and improve the quality of the service.</p>